DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCDS 17 June 2003

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy 03-12, Dental Management of Patients Infected with Human Immunodeficiency Virus (HIV).

1. REFERENCE:

a. AR 40-66, Medical Record and Quality Assurance Administration.

b. AR 600-110, Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus.

c. Guidelines for Dental Management of HIV Infected Patients (see attachment).

d. Classification of Oral Lesions Associated with HIV Infection, J.L. Konzelman.

2. SCOPE: This policy applies to all DENCOM facilities and all personnel assigned to or working in those facilities.

3. POLICY:

a. Dental treatment facilities (DTF) and dental health care workers (DHCW) will adhere to procedures and policies outlined in AR 600-110 and the attached guidelines in the management of HIV infected patients and personnel.

b. Each RDC and DENTAC will appoint a dentist as the single point of contact (POC) to coordinate with appropriate DTF, Medical Treatment Facility departments (Preventive Medicine, Infectious Disease, Infection Control, Community Health, Occupational Safety and Health Agency, etc) for the dental management of HIV infected patients and the education of DHCWs.

The POC will be the local subject matter expert on HIV related issues, but will not be solely responsible for the actual dental care of HIV infected patients. Treatment of HIV infected patients is a responsibility of all DHCWs. Each RDC Commander may appoint one subordinate DENTAC POC to serve in a dual role as the RDC POC.

4. The point of contact is Dr. Linda Basquill at 803-360-4355 or Linda.Basquill@cen.amedd.army.mil.

SIDNEY A. BROOKS
Colonel, Dental Corps
Commanding

GUIDELINES FOR DENTAL MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTED PATIENTS WITHIN THE ARMY DENTAL CARE SYSTEM

1. Patients with HIV infections must be afforded the same quality of care and confidentiality as all other patients. They will not be denied care solely because of their disease condition, and DHCWs will not refuse to care for eligible patients with HIV infection.

2. The decision to refer HIV infected patients to hospital dental clinics or other special care settings should not be made solely on the basis of their HIV seropositive status. Rather, this decision should be based on sound medical principles. In the early stages of the disease, HIV infected patients can be treated in routinely equipped dental treatment rooms without undue risk. Special care settings are not normally required unless the patient has demonstrated significant disease progression and immunologic deficiency. Universal precautions for infection control will be followed for all patients managed in both hospital and non-hospital clinics regardless of their HIV status or disease stage.

3. In coordination with appropriate medical health care personnel, the dental records of all identified HIV infected patients will be properly marked and annotated in accordance with AR 600-110, para 2-3,c, (13). DA Label 162 (Emergency Medical Identification Symbol) will be affixed to the dental record jacket and the statement "Blood Donor Ineligible-V72.62" will be placed in the "Explain any unusual medical problems" section of DA Form 5570 (Health Questionnaire for Dental Treatment). Dental records and/or dental information for HIV infected patients will be maintained in accordance with AR 40-66, Chapter 2.

4. Dental care for patients who are infected but show no signs of HIV related disease should be focused on preparing them for an immunodeficient state should their disease progress (i.e., the same approach used for pre-chemotherapy patients). All efforts should be made to eliminate active or potential foci of infection. Non-restorable teeth should be removed. Periodontally involved teeth and symptomatic or partially erupted third molars should be evaluated for removal. Excellent oral hygiene habits must be established and maintained. Patients should be routinely followed to monitor the oral cavity for unusual or persistent infections and other conditions that may herald the deterioration of the patient's immune system.

5. Dental treatment for patients with severe immunologic deficiency should be accomplished only after consultation with the patient's primary physician. Appropriate antibiotic prophylaxis may be required prior to some dental procedures.

6. Patients who present with signs and/or symptoms suggestive of or compatible with HIV infection should be referred to the appropriate hospital service for consultation and testing as appropriate (AR 600-110, para 2-2, b).